PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/035,334 Filing Date 01/04/2002			To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	UMBER FI	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *			ı	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings excees sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof, 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	06/30/2005	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 30	Minus	~ 30	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 5	Minus	 5	= 0	ı	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(a))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**			x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))		Minus	***		l	x \$ =		OR	x \$ =	
Ē	Application Size Fee (37 CFR 1.16(s))					ı			ı		
Αľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examininer. If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter" 20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 10, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPA											

has collection of information is organic by 37 CFR. 1,10. The information is required to obtain or retain a benefit by the public which is in the final representation of the process and any potential of the process and any potential or Confederation (FR 1.1. 4.1. this collection is estimated to the bit 2 minutes to complete including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child referension Officer. U.S. Plants and Trickmark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.